

Date: 12/18/07

Web Announcement 171

NDC and NDC Quantity Required on Physician/Outpatient-Facility Administered Drug Claims Effective Jan. 1, 2008

Effective on claims received at First Health Services on and after Jan. 1, 2008, Nevada Medicaid requires National Drug Codes (NDC) and NDC quantities be included on claims for physician/outpatient-facility administered drugs. This requirement applies to paper claim forms CMS-1500 and UB-04 and electronic transactions 837P and 837I.

Provider types affected by this change are: 12, 14, 17, 20, 21, 22, 24, 25, 27, 29, 36, 45, 64, 72, 74 and 77.

NDC billing information has been updated in the CMS-1500 (08/05) and UB-04 claim form instructions and in the 837P and 837I companion guides. Select “Billing Information” or “Electronic Claims/EDI” from the “Providers” menu at <https://medicaid.nv.gov>. Select “NDC” from the “Providers” menu for an NDC Billing Reference, a link to CMS Drug Product Data and Frequently Asked Questions.

The Deficit Reduction Act of 2005 requires fee-for-service State Medicaid programs to capture and report NDCs for physician/outpatient-facility administered drugs beginning Jan. 1, 2008, in order for the State to receive federal financial participation.

If you have questions, please contact First Health Services via email at nevadamedicaid@fhsc.com.